

Dear Addison Advocate Volunteer,

We are delighted you have chosen to volunteer with the Town of Addison. We sincerely hope this experience will be fun, enlightening and rewarding and that it will be mutually beneficial. We are an organization that takes pride in the quality of service we provide and we know your contributions will only help build on this reputation. Through the volunteer program, we hope to create new partnerships with the community and enhance existing ones.

The only thing the Town requires from our volunteers is a helpful, cooperative attitude. All volunteer assignments are based upon ability to perform the job, dependability, reliability and customer service.

As a volunteer for the Town of Addison, you will be provided the following:

- an assignment which reflects your skills, interest, availability and training
- a clear and specific job description
- orientation, training and supervision for the tasks you perform
- access to staff to answer questions and assist in handling problems
- regular formal and informal expressions of recognition and appreciation

All volunteers must go through an application clearance process which normally takes less than ten days. No one is denied an opportunity to volunteer on the basis of age, sex, color, race, creed, national origin, religion, sexual orientation, or disability that does not prohibit performance of the essential job functions of the volunteer position. Volunteers, as well as all employees of the Town, serve “at will,” meaning that either you or the Town may terminate the volunteer relationship at any time, without advance notice, for any reason or for no reason.

In the following pages, you will find a registration form, liability release form, agreement form, and a background check form. Please fill out these forms and return them by mail (Human Resources, 16801 Westgrove Dr., Addison, TX 75001), fax (972-450-2835), email (volunteers@addisontx.gov), or in person (same as mailing address). Once these forms are received and processed, I will contact you to discuss our volunteer opportunities. If you have any questions, please contact me at 972-450-2818.

I hope that your volunteer experience in Addison will be rewarding as you serve the community and bring pride to the program!

Sincerely,

Jared Wilson



Addison Advocates Registration Form

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cellular Phone: _____ Email Address: _____

Education: Name of High School _____ Years _____

Name of College _____ Years _____

Please list any degrees or certifications _____

Employment Experience: _____

Volunteer experience: _____

Special Interests, Hobbies, Skills: _____

Availability (Please put times you are available next to the corresponding day):

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Are you available on a regular and ongoing basis on the days and at the times shown? If not, please note times when you would be unavailable. _____

Emergency Contact: _____ Phone: _____

Volunteer Liability Release Form

I, _____, hereby release, indemnify, and hold harmless the Town of Addison, the Addison Advocates program and its respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a volunteer from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that I am to receive no payments or benefits for services provided to the Town of Addison. I understand that I'm not an employee of the Town of Addison.

I give my consent to the Town of Addison, in conjunction with the Addison Advocates program to copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes, and/or sound records or any part thereof, that they may take or make of me during my work as a volunteer in which I may be included in whole or in part, whether separate from or in conjunction with, illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby waive all claims for compensation of such use or for damages.

I acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of the staff.

Signature of Volunteer

Date

Signature of Parent/Guardian (if under 18 years old)

Date



Volunteer Agreement

The goal of the Volunteer Program is to afford avenues for individuals to participate with the Town in meaningful tasks and assignments. The benefit is mutual: The Volunteer has an opportunity to become more involved in the community and make contributions toward improved services, while the Town has an additional resource for providing valuable services to our residential and business community. A Volunteer is defined as one who offers non-compensated service to the Town of Addison.

Please read the following information and sign below to indicate your receipt and acknowledgment:

1. I agree to contribute my talents and energies to my assigned tasks and to assist in creating a positive environment for the Volunteer Program.
2. I am aware that during the course of my volunteerism confidential information may be available to me. I understand that confidential information must not be shared, either within or outside the City's premises or property.
3. I understand that my volunteering is at will and may be terminated at any time, either by myself or by the Town of Addison.

Volunteer's Signature

Date

Human Resources Director's Signature

Date

Background Check Information

(Confidential Information to be used by Human Resources only)

Driver's License Number: _____ State Issued: _____

Date of Birth: _____ Gender: Male Female

It is the policy of the Town of Addison to obtain a criminal record history and identity verification on each of its volunteers. In order to complete our files, we are requesting that you sign the release form below so that we may obtain the necessary information.

I hereby authorize the Town of Addison to conduct a criminal background check and identity verification.

Signature of Volunteer

Social Security #

Date